

PROGRAM DECISION ITEM ANALYSIS FORM 5
DECISION ITEM RANK: 016 OF 025

<p>DECISION ITEM NUMBER(S): 1650016 (For new decision items only)</p> <p>DECISION ITEM NAME: Suicide Prevention</p> <p>FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL BASIS:</p>	<p>DEPARTMENT: Mental Health</p> <p>DIVISION: Comprehensive Psychiatric Services</p> <p>AGENCY ORG NUMBER: 6502500</p>																																																															
<p>1. DECISION ITEM ABSTRACT: <i>Briefly: what are you requesting; why; what is the total cost by funding source (GR, Federal, or specific Other Fund); and how many FTE by funding source (GR, Federal or specific Other fund)?</i></p>																																																																
<p>This request is to purchase suicide prevention curriculum and provide training to school staff, social workers, primary care physicians, and emergency room physicians so they can identify individuals who are at high-risk of suicide and then ensure that appropriate interventions occur.</p>																																																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="4" style="text-align: center;">Budget Request</th> <th colspan="4" style="text-align: center;">Governor Recommendation</th> </tr> <tr> <th></th> <th style="text-align: center;">GR</th> <th style="text-align: center;">Fed</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Total</th> <th style="text-align: center;">GR</th> <th style="text-align: center;">Fed</th> <th style="text-align: center;">Other</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>PS</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>E&E</td> <td style="text-align: right;">\$380,000</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$380,000</td> <td style="text-align: right;">\$380,000</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$380,000</td> </tr> <tr> <td>PSD</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$380,000</td> <td style="text-align: right;">\$380,000</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$380,000</td> </tr> <tr> <td>FTE</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>			Budget Request				Governor Recommendation					GR	Fed	Other	Total	GR	Fed	Other	Total	PS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E&E	\$380,000	\$0	\$0	\$380,000	\$380,000	\$0	\$0	\$380,000	PSD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Total	\$0	\$0	\$0	\$380,000	\$380,000	\$0	\$0	\$380,000	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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2. WHAT IS THE COST AND HOW WAS THE COST DETERMINED? Describe the detailed calculations and assumptions used to derive this request, including breakdown and justification for any splits between funds. Identify data sources. Identify specific funding sources (e.g. multiple federal sources should be separately shown). Show totals by specific funding source. Identify one-time costs by object class, job class, and fund source. Identify all expense and equipment and program specific costs by budget object class. Identify all personal service costs by job class. Provide sufficient detail so if the item is partially funded (e.g. only a portion of requested FTE are funded), the analyst will have sufficient information to prorate the costs by budget object class, job class, and fund.

SUMMARY INFORMATION

• Educate Primary Care & Emergency Room Physicians by providing a speaker at 15 medical society meetings with approximately 50 attendees each (contracted speaker & travel & printing expenses)	\$232,400 GR
• Collaborate with DESE, DOH and DSS to train Trainers to teach community caregivers using approved curriculum. Costs include purchase of curriculum, professional trainer, printing, and travel.	\$147,600 GR
TOTAL	\$380,000 GR

DETAILED INFORMATION

Professional Services (BOBC 400) (all ongoing expenses):

• Speaker for 15 meetings at \$1,500 per mtg (based on the avg. of 3 other states' experience)	\$22,500
• Trainer for 10 training sessions at \$1,000 per session (based on contracting experience of DMH, DOH, and DSS)	\$10,000
• Printing Services (15 mtgs. * 50 physicians * \$10 per info packet)	\$7,500
• Printing Services (10 sessions * 20 trainees * \$20 per training manual)	\$4,000
Subtotal BOBC 400	\$44,000

Supplies (BOBC 190) (all one-time expenses):

• Video/audio tape CME Course with workbook (quotes from providers)	\$200,000
• Curriculum for Train the Trainer sessions (quotes from providers)	\$100,000
Subtotal BOBC 190	\$300,000

Travel In-State (BOBC 140) (all ongoing expenses):

• Speaker 15 meetings (\$30 meals, \$70 lodging, \$60 mileage)	\$2,400
• Trainer (1) and Trainees (20) 10 sessions (\$30 meals, \$70 lodging, \$60 mileage)	\$33,600
Subtotal BOBC 140	\$36,000

Total One-Time	\$300,000
Total Ongoing	\$80,000
Total	\$380,000 GR

3. WHAT IS THE PROBLEM? *Define and describe in specific terms the problem this decision item addresses.*

In the Surgeon General's *Call to Action* it is reported that in 1996, the year for which the most recent statistics are available, suicide was the ninth leading cause of mortality in the US, responsible for nearly 31,000 deaths. This number is more than 50% higher than the number of homicides in the United States in the same year (around 20,000 homicides in 1996). Each year in the United States approximately 500,000 people require emergency room treatment as a result of attempted suicide. Suicidal behavior typically occurs in the presence of mental or substance abuse disorders – illnesses that impose their own direct suffering. Suicide is an enormous trauma for millions of Americans who experience the loss of someone close to them. In 1996, the Missouri suicide rate was 13.3 per 100,000 population; that is 23% higher than the national rate of 10.8. Missouri must address suicide as a significant health problem and put into place strategies to prevent the loss of life and the suffering suicide causes.

Between 1952 and 1996, the reported rates of suicide among adolescents and young adults nearly tripled. From 1980 to 1996, the rate of suicide among persons aged 15-19 years increased by 14% and among persons aged 10-14 by 100%. For young people 15-24 years old, suicide is currently the third leading cause of death, exceeded only by unintentional injury and homicide. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined. During the past decade there have also been dramatic and disturbing increases in reports of suicide among children. Suicide is currently the fourth leading cause of death among children between the ages of 10 and 14 years. 27% of high school students have “thought seriously” about killing themselves.

Suicide remains a serious public health problem at the other end of the age spectrum, too. Suicide rates increase with age and are highest among white American males aged 65 years and older. Older adult suicide victims, when compared to younger suicide victims, are more likely to have lived alone, have been widowed, and to have had a physical illness. They are also more likely to have visited a health care professional shortly before their suicide and thus represent a missed opportunity for intervention.

Other population groups in this country have specific suicide prevention needs as well. Between 1980 and 1996, the rate of suicide among African American males aged 15-19 years increased 105%.

It is generally agreed that not all deaths that are suicides are reported as such. For example, deaths classified as homicide or accidents, where individuals may have intentionally put themselves in harm's way are not included in suicide rates.

Sources of information: Missouri Vital Statistics from DOH and reports from the Surgeon General.

4. WHAT ARE THE RESULTS OF THIS DECISION ITEM?

- a. Positive Results and Negative Consequences:** *What are the positive results of funding this decision item and/or what negative consequences will occur if the item is not funded? How does the decision item address the problem described above?*

Positive Results:

This program will reduce the suicide rate by increasing the assessment and intervention skills of community caregivers who regularly deal with high-risk groups. These caregivers include primary care and emergency room physicians, mental health and substance abuse providers, Department of Health/County Office staff, Division of Aging staff, schoolteachers, and ministers.

b. Objective Measures: <i>List the measures for strategic plan and other objectives this decision item addresses. Also provide data for the measures. If this is a new decision item with an associated core, separately identify the impact of the core.</i>	FY 2000 Proj. Actual	FY 2001 Proj. Actual	FY 2002 Projected	FY 2003 Projected	FY 2004 Projected
Rate of suicide among DMH consumers/per 10,000 DMH consumers	3.00 3.40	3.00 4.00	3.20	2.90	2.50
5. WHAT WILL YOU DO?					
<p>a. Strategies: <i>List the strategies (actions or activities) from the strategic plan that you will use to address these objectives, or if the item does not directly relate to the strategic plan, describe the actions that will be taken to address them.</i></p> <p>Work collaboratively with other state agencies (Department of Elementary and Secondary Education, Department of Health, and Division of Aging) to train community caregivers to identify high-risk individuals. Community caregivers include physicians, teachers, caregivers of the elderly, health care workers, and ministers.</p> <p>The training methods and content for identified caregiver groups will be tailored to meet the unique informational needs of each cohort. For example, a training program targeting Primary Care Physicians and Emergency Room Physicians will differ in approach and content from a training program that targets non-physician caregivers:</p> <ul style="list-style-type: none"> Physician Education: Physicians are most receptive to training that is provided by another physician. Additionally, the most efficient way of reaching physicians is through medical society meetings. Therefore, a physician with expertise in suicidology will speak at area medical society meetings. Another effective way of reaching physicians is to offer a Continuing Medical Education (CMEs) which are required for licensure renewal. Therefore, DMH will contact with Missouri Institute of Mental Health to develop video course with textbook and test materials on the topic of suicide prevention. Upon completion of this course, physicians will earn CMEs. Non-Physician Caretakers (Teachers, Social Service Workers that provide services to children and elderly), Mental Health Substance Abuse providers and ministers). The approach to training the aforementioned caregivers will be a "Train the Trainer" approach. DMH will review published curriculum for the purpose of purchasing existing training materials designed to caregiver cohorts (i.e., teachers, childcare workers, etc). DMH will contract with a national expert to train "Trainers". These Trainers will be comprised of clinical staff from the Department's provider agencies. These designated Trainers will be responsible for providing on-going caregiver training (school districts, social service agencies, etc.) within their communities. 					
b. Output Measures: <i>Identify the output measures and quantify this item's impact. If this is a new decision item with an associated core, separately identify the impact of the core.</i>	FY 2000 Proj. Actual	FY 2001 Proj. Actual	FY 2002 Projected	FY 2003 Projected	FY 2004 Projected
Physician Training Number of Medical Society Meetings with a physician speaker per year; estimated attendance of 50 physicians per meeting.	--	--	--	15	15
Non-physician Caregivers (Train the Trainer Approach) Number of Regional Training sessions for designated community Trainers per year	--	--	--	10	10